3-25-05 EV549909475 Fre 2644 \$ Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE aperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/802,111 Filing Date 3/7/2001 TRANSMITTAL First Named Inventor Todor J. Fay **FORM** Group Art Unit 2644 (to be used for all correspondence after initial filing) **Examiner Name** Flanders. A. Attorney Docket Number MS1-737US Total Number of Pages in This Submission ENCLOSURES (check all that apply) X Fee Transmittal Form Drawing(s) After Allowance Communication to Group Fee Attached Licensing-related Papers Appeal Communication to Board Petition \boxtimes of Appeals and Interferences Amendment / Reply Petition to Convert to a Appeal Communication to Group After Final Provisional Application (Appeal Notice, Brief, Reply Brief) Affidavits/declaration(s) Power of Attorney, Revocation Proprietary Information Change of Correspondence Extension of Time Request Status Letter Address **Express Abandonment Request** Other Enclosure(s) (please Terminal Disclaimer Information Disclosure Statement identify below): Request for Refund Return Postcard Certified Copy of Priority CD, Number of CD(s) Documents Response to Missing Parts/ Incomplete Application Remarks Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT David A. Morasch, Reg. No. 42905

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual Name

David A. Morasch, Reg. No. 42905

Signature

Date

Noch 24.2005

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FEE TRANSMITTAL For FY 2005			Complete if Known				
			Application Numb	oer 09/802	09/802,111		
			Filing Date	3/7/20	3/7/2001		
			First Named Inve	ntor Todor	Todor J. Fay		
			Examiner Name	Flande	Flanders, A.		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	2644	2644		
TOTAL AMOUNT OF PAYMENT (\$) 120.00			Attorney Docket I	No. MS1	MS1 -737US		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 12-0769 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17							
WARNING: Information on this information and authorization			information should not	t be included on	this form. Provid	e credit card	
FEE CALCULATION							
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3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets							
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Signature Ave Morsey	Registration No. (Attorney/Agent) 42905	Telephone (509) 324-9256					
Name (Print/Type) David A. Morasch		Date March 24, 2005					

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